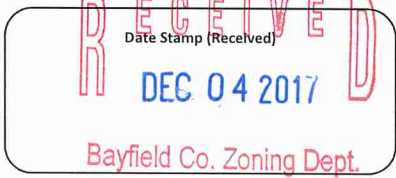


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



ENTERED

Permit #:	17-0476
Date:	12-12-17
Amount Paid:	\$25 12-5-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Revision

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Gary + Florence Schacht	
Mailing Address: N5725 Cobble Rd	
City/State/Zip: Elk Horn WI 53121	
Telephone: 262-723-3684	
Address of Property: 8235 North Shore Dr	
City/State/Zip: Iron River WI 54847	
Cell Phone:	
Contractor: Dykstra Construction Inc	
Contractor Phone: 715-682-9594	
Plumber: Greg Brown	
Plumber Phone: 715-209-0161	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Tim Dykstra	
Agent Phone: 715-682-9594	
Agent Mailing Address (include City/State/Zip): 50181 St Hwy 13 Ashland WI 54806	
Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION Legal Description: (Use Tax Statement)	
Recorded Document: (i.e. Property Ownership)	
1/4, 1/4 Gov't Lot 5 Lot(s) 2 SM Vol & Page 19172 V. 730 P. 268 Lot(s) No. Block(s) No. Subdivision:	
Section 08, Township 47 N, Range 08 W Town of: Iron River Lot Size Acreage 2.9	

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: 163 feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flo. age If yes---continue →	Distance Structure is from Shoreline: 163 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 50,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: conv.	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>				<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 60	Width: 30	Height: 17

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) Shop	(60 X 30)	1800
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/>			
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent: T Dykstra
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 12/4/17

Address to send permit 50181 St Hwy 13 Ashland WI 54806

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

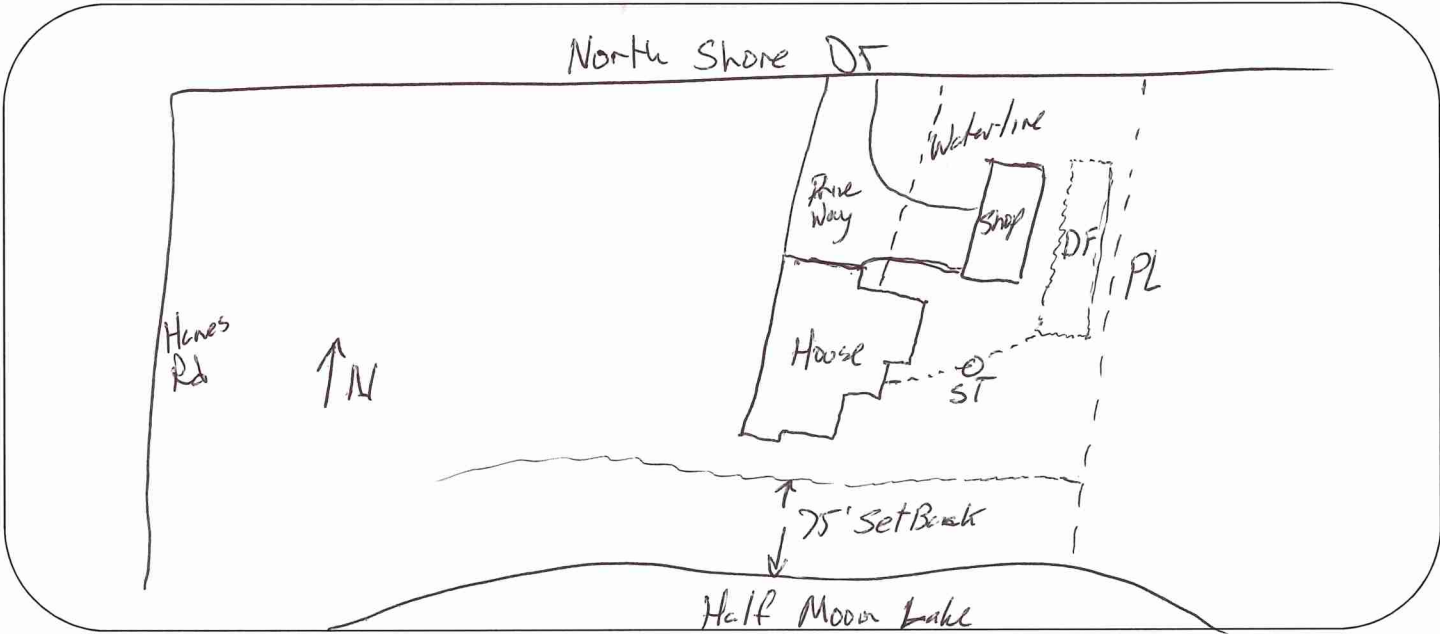
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	120	Feet	Setback from the Lake (ordinary high-water mark)	163
Setback from the Established Right-of-Way	95	Feet	Setback from the River, Stream, Creek	
			Setback from the Bank or Bluff	
Setback from the North Lot Line	95	Feet		
Setback from the South Lot Line	163	Feet	Setback from Wetland	
Setback from the West Lot Line	390	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	30	Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	20	Feet	Setback to Well	
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17-1305	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial: (not connected)			
Permit #: 17-0476		Permit Date: 12-12-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CSM	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: drainfield staked.				Zoning District (R-1)	
				Lakes Classification (3: 1/2 moon)	
Date of Inspection: 12-6-17		Inspected by: JC Murphy		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
* Building shall be located a minimum of (10 FT) from proposed drainfield. No land disturbing or soil compaction allowed at the site of the drainfield. Building not approved for habitation or indoor plumbing.					
Signature of Inspector:				Date of Approval: 12-7-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

*ATTACH approved septic plot plan to permit

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0476** Issued To: **Gary & Florence Schacht**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **8** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot **5** Lot **2** Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Shop (60' x 30') = 1,800 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall be located a minimum of 10 feet from proposed drainfield. No land disturbing or soil compaction allowed at the site of the drainfield. Building not approved for habitation or indoor plumbing.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

December 12, 2017

Date

SUBMIT: COMPLETE APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0478
Date:	12-12-17
Amount Paid:	\$670 12-1-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Sara Dougherty Sole Property TRUST	Mailing Address: 3557 Nelson Rd	City/State/Zip: Cloquet, MN 55720	Telephone: na
Address of Property: 69655 Fire Tower Rd		City/State/Zip: IRON RIVER, WI 54847	Cell Phone: 218.269.9533
Contractor: Koutson Custom Construction LLC	Contractor Phone: 218.728.1726	Plumber: na	Plumber Phone: na
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
			Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 18914	Recorded Document: (i.e. Property Ownership) Warranty Deed
SE 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM
			Vol & Page 1156 448 4
			Lot(s) No.
			Block(s) No.
Section 02, Township 47 N, Range 06 W		Town of: IRON RIVER (024)	Lot Size 1320 x 1320
			Acreage 40

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 750 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$90,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: septic	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
				<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 28	Height: 15
Proposed Construction:	Length: 48'	Width: 40'	Height: 26

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) POLE BARN	(40 x 48)	1920
	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) POLE BARN	(40 x 48)	1920
		w/ 16 x 48 LEAN TOO	16 48	768
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	(17) 2688
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sara A. Dougherty
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 11.30.17

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: All **Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

©©August 2017

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0478** Issued To: **Sara Dougherty**

Location: **SE** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **2** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Barn (40' x 48') = 1,920 sq. ft.; Lean-to (16' x 48') = 768 sq. ft.]**
Total Overall = 2,688 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Wetlands are not allowed to be disturbed. Building allowed for residential, non farm use. No livestock or farm animals unless permit for Hobby Farm is issued (includes horses).

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

December 12, 2017

Date